#### **Summary Minutes**

Regular Meeting of the

# Emergency Medical Services Regulatory Board Data Policy Standing Advisory Committee 1 p.m., August 9, 2010

Conference Room A, 4<sup>th</sup> floor 2829 University Ave. S.E., Minneapolis

Members Present Paul Satterlee, M.D., Chair Renee Donnelly Tom Fennell Curtis Fraser Suzanne Gaines Kathleen Haney Lee Pyles, M.D. Darel Radde Keith Zalewski	Members Absent James Aagenes Sen. Gary Kubly Aarron Reinert	Guests Pat Egan Marty Forseth Clif Giese Leslie Seymour	Staff Katherine Burke Moore Melody Nagy Robert Norlen

### I. Welcome and Introductions

Dr. Satterlee called the meeting to order.

## II. Approval of Agenda

Ms. Donnelly moved approval of the agenda. Mr. Radde seconded. Motion carried.

## III. Approval of February 8, 2010 Minutes

Mr. Radde moved approval of the May 10, 2010 minutes. Ms. Haney seconded. Motion carried.

#### IV. Staff Report

### **Data Requests**

Mr. Norlen indicated we received two requests since our last meeting.

#### **Provider Compliance Report**

Mr. Norlen provided a copy of the report. The last page indicates services that are pending corrective action. Staff is verifying run accuracy for 15 services. This information is current through June 2010.

Mr. Fennell asked about the highlighted portions of the report. Mr. Norlen said that a correction order was issued to Hoffman Ambulance because they did not enter runs for a month. We have not issued multiple correction orders yet. If a service has three months highlighted a correction order and fine may be issued.

## V. EMSRB/NEMSIS Version 3 Data Dictionary Development

### EMSRB/NEMSIS Version 3.0 Draft Data Dictionary Summary and Overview

Mr. Norlen said that he prepared three documents for committee discussion today. The graph provides an overview of the number of data elements to be collected in version 3.0 and the changes from the 2.21 version.

## **EMSRB/NEMSIS Version 3.0 Draft Data Dictionary**

Mr. Norlen said that IT staff has set the data dictionary up in a similar manner to the current version. The committee agreed that we would not vary from the NEMSIS standard in our data dictionary document. This will facilitate standardization with all software vendors as they develop version 3.0 compliant products.

### **Cardiac Arrest Data CARES Comparison Document**

Mr. Norlen said that the Cardiac Arrest Registry to Ensure Survival (CARES) dataset mapped to the current version 2.21 and the proposed version 3.0 datasets. Discussion ensued related to making sure the

MNSTAR dataset could provide the necessary data for the CARES project. The committee members were not supportive of having a separate cardiac arrest data collection system to collect specific data for specific research project such as CARES.

Ms. Gaines thanked Mr. Norlen for his work on these documents. She asked when the ICD 10 codes would be ready. Mr. Norlen said that we discussed this at the National Data Managers meeting and they are developing a recommended list for states to use. They hope to have a final product at the end of the year.

Dr. Pyles asked if ImageTrend has developed a product for this. Mr. Norlen indicated that ImageTrend has been very involved with the software vendors meetings that NEMSIS has been holding to keep vendors apprised of the version 3.0 development and timelines. Minnesota will be working very closely with ImageTrend on movement to version 3.0.

Dr. Satterlee said that the committee decided not to make changes from the national recommendations. There are elements in CARES that are optional are currently optional in the MNSTAR data dictionary. Mr. Norlen said we should focus as we develop the version 3.0 data dictionary that CARES elements that are currently optional to recommending them to be required in version 3.0.

Mr. Norlen said that he does not know how many services are collecting data for CARES. Ms. Gaines said that Hennepin County submitted their first report and there are questions about data submission. She said that she thinks this will provide useable reports.

#### VI. Transition to Version 3.0 - Cost Discussion

Mr. Norlen said that the workgroup met to discuss cost issues during a phone meeting. There were a small number of individuals who were able to meet that day.

Ms. Gaines said that the Board applied for funding to assist services with this transition.

Mr. Norlen said the workgroup focus and objectives included providing cost estimates for changes. We need input back from providers that are using third party software vendors for their data collection. Mr. Norlen said that the software vendors need to be asked if and when they will convert to 3.0. Mr. Norlen said that there may be a couple of vendors that cannot make this transition easily. It will be important to determine when the change will happen and then the service can determine whether it will be necessary to move another vendor software package. It will be important that we require that all services are using vendors that have met compliance and certification for NEMSIS version 3.0.

EMSRB staff is evaluating what these cost implications will be to upgrade MNSTAR to version 3.0. Based on initial discussion with ImageTrend we feel the cost impact will be minimal. This transition/update will be included in our technical assistance and support contract. Mr. Radde said that he had this same discussion with SANSIO and received similar information.

Mr. Radde asked for the timeline for this change. Mr. Norlen replied that NEMSIS expects to have all information for the development of NEMSIS version 3.0 completed in the first or second quarter 2011. NEMSIS will start compliance testing as soon as vendors have version 3.0 ready and then compliance testing will be ongoing. NEMSIS is expecting that vendors will be ready with version 3.0 software in the third and forth quarters of 2011. Mr. Norlen said that January 2012 would be the projected implementation date for Minnesota data submission. The goal would be to have the Board receive a recommendation from the data committee for adoption of the version 3.0 Data Dictionary and standards with implementation by all services by January 2012. Mr. Norlen indicated that there may have to be

some flexibility to the implementation based on NEMSIS timelines and vendor development of version 3.0.

Mr. Radde asked if there needs to be additional work done by the committee to finalize the recommendation to the Board. Ms. Gaines said that recommendation needs to be finalized today. Mr. Norlen said that this also needs to go out for "public" comment. Mr. Norlen said that he asked staff to develop a WIKI to comment on data elements. Mr. Norlen indicated that the "public" comment WIKI should be ready for the web-site in early October.

Mr. Zalewski said that after this is open and comments are received the committee needs to finalize their recommendations to the Board.

Mr. Fennel said that he would like a software vendor to speak to the committee on what it will take them to be compliant. The companies do not want to be pinned down on costs until they see the product. Mr. Norlen indicated that most software vendors are meeting regularly with NEMSIS regarding the NEMSIS version 3.0 requirements and software development. Mr. Radde said that we are going to do it, or not do it – it will cost everyone. Ms. Gaines said that there will be training costs. We must submit a coherent presentation on cost to the Board. The question is will this a minimal change or a major change. Mr. Giese said that he is being told that this will be a major change. Mr. Radde said that the cost will vary by service.

Mr. Fennell said that we want to stay with the national data set to control costs to not have Minnesota specific elements.

Mr. Norlen said that 30 states are submitting information to the national data bank. Mr. Fennell asked what the result is if Minnesota does not want to submit information to the national data bank. Ms. Heaney said that this would affect grant funding to Minnesota. Dr. Pyles asked how much grant money. Ms. Haney said that a half million is received by public safety.

Dr. Satterlee said that the committee needs to have a discussion to bring a recommendation and information to the Board. Mr. Giese said that the State keeps adding requirements and there are much more complicated data submission requirements to meet national requirements. Mr. Radde said that he wants to see grant funding provided to solve the outstanding issues. He said that there are additional problems in how to divide the grant funds equally. The cost varies by service.

Dr. Satterlee said that the Board can act on the committee recommendations or delay the decision until further cost information is available. Mr. Radde said that will delay implementation. Mr. Radde said that we need to discuss costs. Mr. Fennell asked what is the result if we do not move to version 3.0?

Mr. Fennell asked what is being done with that data that is submitted at the national level. Mr. Norlen said that data reports are being developed to compare data. Mr. Fennell said that the data is not being provided at the local level. Mr. Norlen said that it is being developed. Dr. Satterlee said that we need to provide Minnesota data to local services.

Dr. Satterlee asked where the comments or proposed changes are coming from. Mr. Giese said that he is on a committee that will be making comments. Mr. Radde said that the trauma committee will be making comments. CARES and EMSC will be commenting. Dr. Satterlee said that he does not see that there will be a lot of outside comments. Mr. Fraser asked how widely it will be published that the data dictionary is open. Dr. Satterlee said that this should be mentioned at an MAA meeting.

Dr. Satterlee said that for data reporting purposes we should recommend this, but from a financial standpoint this may be a problem. Dr. Satterlee said that the comments should be shared before our next meeting. We may need to delay our next meeting. Ms. Gaines said that we need an action plan. Mr. Fennell asked if Mr. Norlen would share the comments when they come in. Mr. Norlen said that he will create an email list to all ambulance services informing ambulance services of the open comment period. We will ask services to comment. We will send this information to EMS partners and stakeholders.

Ms. Gaines said that she wants to include information on ICD 10 that this will be provided. She said that she thinks there should be specific questions provided to respond to on the system.

Mr. Norlen said we need comments from these 6 vendors. Zoll, Ortivus, Safety pad, SANSIO, North Memorial (legacy system) and ImageTrend.

Mr. Fennell said that there was a movement to get rid of MNSTAR. He said that this may resurface because of the financial impact.

Mr. Radde said that if we help fund the change then the services will not fight this effort. Mr. Fraser indicted the state is funding 75% of the services now. The other 25% of the services could use the state system. Mr. Radde asked if this is practical.

Mr. Norlen said that we would be remiss if we take a step back and do not have a statewide data collection system and repository. If we stop we will never have a data collection system again.

# VII. MNSTAR Reporting Update

Mr. Norlen said that we continue to work with MDH on evaluation of data for the trauma system. Mr. Fraser said that it was good to receive information and now we need time to look at the data received.

Ms. Seymour said that we have a mandated report do on trauma system destination evaluation. Ms. Gaines asked if this includes information on waivers asked for by services. Mr. Fraser said that it does not at this point. Mr. Norlen said that the deviation requests were not yet considered that will come with the evaluation of the data specific by service. Mr. Norlen said that trauma system requirements do not apply to air ambulances.

### **VIII.** Other Business

Ms. Gaines said that she wanted to discuss the work plan and initiative 4. Ms. Jacobson previously provided education, but is anything happening in this area now. Ms. Gaines said that we still have questions on the quality of the data. Mr. Norlen indicated this is a staff time issue more than anything. Unfortunately we do not have staff available to provide much assistance with training, data quality and data improvement. These areas get worked on when needs or issues are identified. We need more staff to do more detailed work in these areas. We probably will not have more staff available in the near future, so we have to do the best we can. Ms. Seymour said that we may be able to provide some additional information as she reviews our data.

Ms. Burke Moore said that we may have additional staff cuts with the current budget situation. I value data and agree that we should send data back to providers. We currently have one less EMS Specialist which is affecting operations and the staff workload as well.

Mr. Norlen said that he would like feedback from committee members on a specific report that would be useful to services. Mr. Norlen said that we provided a report on provider impression and saw some

improvement on data. We provided a cardiac arrest study but it was very labor intensive to provide the information to services.

Mr. Radde said that we need to update the initiatives and evaluate this based on staff availability. Our data system is only as strong as the support we can provide to the system. We need additional support for staff. We need the basic data to be correct. We are only looking at who is reporting runs.

## **IX.** Next Meeting Date

Monday, November 8, 2010

Proposed agenda items:

- Initiatives document update for 2011
- Conversation on reporting data to services and obstacles to report to services (example trauma scene times) what can we do with the data?
- Mr. Fraser asked that ImageTrend be invited to the meetings to hear our comments.

Mr. Radde said that the data must be explained correctly. Mr. Fennell said that the report must be provided at the local level to bring to city council meetings (business data). Mr. Fennell said that the canned reports should be provided to the volunteer services.

Dr. Satterlee said that it is our responsibility to continue to support the need for quality data and ensure it gets back to the ambulance services submitting the data to MNSTAR. This will help improve the quality of the data. Mr. Radde said that if the state had staff available this could all happen. Mr. Norlen said that services do have access to their data for quality review. Deer River provides excellent data and they use the data daily basis for patient care and operational review purposes.

Dr. Satterlee said that we are a committee that represents the State of Minnesota – not just our individual services.

We can decide in November if we want a special meeting for review of the version 3.0 comments and to prepare our Board proposal.

#### X. Adjourn

Ms. Gaines moved to adjourn. Mr. Fennell seconded. Motion carried. Meeting adjourned.